



10/A  
A.W.M.S  
2/25/04

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: 2661

Examiner: Kenneth N. Vanderpuye

In Re: Karen M. Schramm et al.  
Case: IBN.5192  
Serial No.: 09/640,349  
Filed: 08/16/2000  
Subject: Apparatus and Method for Controlling Queuing of Data at a  
Node on a Network

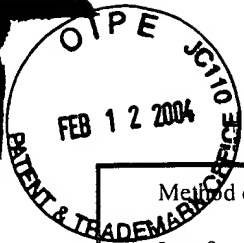
To the Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

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**Response A**



02-17-04

2661

Method of Transmission: EV411304882US

CASE DOCKET NO. IBN.5192

In reference to application of Karen M. Schramm et al.

Serial No. 09/640,349

For Apparatus and Method for Controlling Queuing of Data at a Node on a Network

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.311

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- ☒ No additional fee is required.
- ☒ Applicant claims Small entity status under 37 CFR 1.27.
- ☐ The fee has been calculated as shown below.

\*\*\*\* CLAIMS AS AMENDED \*\*\*\*

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Claims Remaining After Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee
Total Claims	12	Minus	** 20	0	\$ 9	\$ 18	\$ 0.00
Indep Claims	2	Minus	*** 3	0	\$ 42	\$ 84	\$ 0.00
<input type="checkbox"/> First presentation of a multiple dependent claim					\$ 0	\$ 0	\$ 0.00
<input type="checkbox"/> Terminal Disclaimer Fees							\$ 0.00
Extension Fee	<input type="checkbox"/> 1st Month		<input type="checkbox"/> 2nd Month		<input type="checkbox"/> 3rd Month		\$ 0.00
Total additional for claims, time extensions and disclaimer fees							\$ 0.00

\*\* If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

\*\*\* If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

\*\*\*\* Multiple dependencies, if any, included in the above calculation.

\* If the entry in column 2 is less than the entry in column 4, write "O" in column 5.

☐ A check in the amount of 0.00 is attached.

☐ Charge \$ 0.00 to deposit account 50-0534 . (A duplicate of this sheet is enclosed)

☒ Please charge any additional fees or credit overpayment to Deposit Account 50-0534 . A duplicate of this sheet is enclosed.

Respectfully Submitted,

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